DOCKET NO. ETH5107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Wellman et al.

Serial No.: 10/699,400 Art Unit: 3731

Filed

October 31, 2003

Examiner:

For

Control Mechanism for a Surgical Instrument

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 10, 2004

(Date of Deposit)

Brian S. Tomko

Registered Representative) (Name of applicant, assignee,

(Signature)

March 10, 2004

(Date of Signature)

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Wellman et al. entitled Control Mechanism for a Surgical Instrument attorney Docket No.ETH5107, to complete, pursuant to Rule 51, this application filed on October 31, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Johnson Deposit charge Johnson & 10-0750/ETH5107/BST in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/ETH5107/BST. This sheet is submitted in triplicate.

Respectfully submitted,

Brian S. Tomko Reg. No. 41,349

Attorney for Applicant(s)

Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 (732) 524-1239

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POWER OF ATTORNEY		First Name	d Inventor   F	arris Wellman
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	APPLICATION CFR 1.63)	Application	Number 1	0/699,400
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		Examiner N	lame	
As a below named invento	r. I hereby declare tha		iame	
plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Control Mechanism for a Surgical Instrument				
(Title of the Invention)				
the specification of which				
is attached hereto				
OR				
	YYY) 10/31/03 as Unite amended on (MM/DD/Y		ber or PCT Interna	ational Application Number
I hereby state that I have rev amended by any amendmen			identified specifica	tion, including the claims, as
I acknowledge the duty to dis continuation-in-part application and the national or PCT inter	ons, material information	n which became available	between the filing	
I hereby claim foreign priority inventor's certificate, or 365(a United States of America, list or inventor's certificate, or an priority is claimed.	a) of any PCT internatio ted below and have also	nal application which desi be identified below, by checolication having a filing dat	gnated at least one sking the box, any the before that of the	e country other than the foreign application for patent application on which
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
Number(s)				YES NO
Additional foreign applic	ation numbers are liste	d on a supplemental priori	ty data sheet PTO	/SB/02B attached hereto:



## **DECLARATION - Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. **Filing Date Status** Patented Patented Patented I hereby appoint: Place Customer Practitioners at Customer Number 000027777 Number Bar Code Label Here AND Practitioner(s) named below: Registration Number <u>Name</u> as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Brian S. Tomko at telephone number (732) 524-1239. Customer Number 000027777 OR Correspondence address below Direct all correspondence to: or Bar Code Label Name: Address: Address: City: State: ZIP Telephone: Fax: Country

MAR 1 2 2008

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) Parris or Surname Wellman Inventor's Date Signature State NJ Country US Residence: City Hillsborough Citizenship US Mailing Address 61 Taurus Dr., Apt. 3A City Hillsborough State NJ ZIP 08844 Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) Simon or Surname Cohn Inventor's 2/19/04 Date Signature Residence: City Rutherford State NJ Country US Citizenship US Mailing Address 11 Elm St., Apt. 2 **ZIP** 07070 State NJ Country US City Rutherford I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** or Surname (first and middle [if any]) John Young 2/19/04 Inventor's Date Signature State NY Citizenship US Residence: City Staten Island Country US Mailing Address 48 Ashton Dr. City Staten Island State NY **ZIP** 10312 Country US